

Dr. Lanning

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026272

STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (If NOT in hospital, give location) Levering				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 3109 Moberly Ave.	
3. NAME OF DECEASED (Type or print) First Harvey Middle H. Last Turner				4. DATE OF DEATH Month 7 Day 20 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/9/1897		9. AGE (In years last birthday) 80		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor-Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Tippos Turner			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Arvetta Turner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Ida Carpenter, 727 5th Ave. S. E.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion, acute						INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Arteriosclerotic vascular disease	
						DUE TO (c) 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 11:50 a.m. P.M. Month, Day, Year 7-10-58							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal, Missouri		
21. I attended the deceased from 11:50 P.M. to 7-21-58 and last saw her alive on 7-21-58			Death occurred at 11:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Robert Lanning (Degree or title)			22b. ADDRESS Hannibal, Missouri			22c. DATE SIGNED 7-20-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/25/1958		23c. NAME OF CEMETERY OR CREMATORY St. Clivet Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Missouri	
24. FUNERAL DIRECTOR H.M. O'Donnell, Hannibal, Mo.			25. DATE RECD. BY LOCAL REG. 8-4-58		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, By W. C. Fisher		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED AUG 12 1958
MARION CO. HEALTH DEPT.
DATE FILED AUG 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student

Signature of Student Embalmer

Signed N M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.